

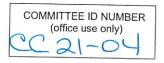
COMMITTEE TYPE (choose one):

JUN 1 4 2021

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Candidate	11 0
Committee Name (required)	KAREN BROOKS FOR D-H COUNCIL
(first or last name & office)	
Candidate Information:	Candidate's Name (required): AREN BROOKS
	Candidate's mailing address (required): 10, Box 126 Humpsunt
	Candidate's email address (required): KARENBRUOKS 721@ 9MAIL.
	Candidate's phone number (required): 928 - 583 - 4256
	Candidate's website (if any):
Office Sought (choose one):	Ditate Treasurer
	☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissione
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	, , , ,
	☐ County Office: ☐ District (if applicable): ☐
	City/Town Office: Council M District (if applicable): Trom DisTre
Election Cycle for Office Sou	ight (year the election will take place) (required): 2021
Party Affiliation:	□ Democrat □ Green □ Libertarian 🍱 Republican 🛣 Other: NOW - NORTA
(required for partisan offices)	
☐ Political Action Com	mitton (PAC)
if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
	•
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's email address (required): Sponsor's email address (required):
	Sponsor's email address (required):Sponsor's phone number (if any):
	Sponsor's website (if any):
Special Status	D Secreta Secretal Secretal Secretary
Special Status if applicable)	 □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
1 1	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
🙇 Political Party	ν , ρ
Committee Name (required): must include party affiliation)	KAREN BROOKS FOR D-H COUNCIL
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
	☑ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status if applicable)	☐ Standing Committee (must also complete separate standing committee registration)







COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): P.O. Box 126 Hounson NT. A.2.
	Committee's email address (required): KARENBROOKS 721 @ 9mail Com
	Committee's phone number (if any): 928-583-4256
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): KAREN BROOK (
	Chairperson's physical address (required): 2875 (ALUMET HUMBOLDT A)
	Chairperson's mailing address (if different): 10, 1300126 Humboust, AZ86
	Chairperson's email address (required): KARINBROOKS 721 @ GMAIL COM
	Chairperson's phone number (required): 928 - 583 - 4256
	Chairperson's employer (required)://A
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): KAREN BROOKS
	Treasurer's physical address (required): 2875 (Allumet Humbour) AZ
	Treasurer's mailing address (if different): P.O. Box/26 Humbourt, AZ 86329
	Treasurer's email address (required): KAREN BROOKS 721@ 9mail Com
	Treasurer's phone number (required): 128-583-4256
	Treasurer's employer (required)://A
	Treasurer's occupation (required): PLETIRED
Bank or Financial Institution: (do not list acct numbers)	
	Additional bank name (ifapplicable): Additional bank name (if applicable):
	Additional bank frame (ii applicable):
TION AND CIONATURES	
TION AND SIGNATURES:	
I declare under penalty of per	jury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
	receive/make contributions/expenditures on my behalf, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
address(es) provided herein.	agree to accept all notifications and legal service of process for campaign finance purposes via the email
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Chairperson's signature:	Jaren 1200/85 Date: 6-1-2021
L	B A
Tropourer's sis	14.0 11.00.1/11
Treasurer's signature:	(Men 1) Nooks Date: 6-1-202/